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JAN - \$ 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGI	ISLATOR INFORMATION			
Name			Office:  House  Senate		
Mailing address	Rep. Bernard L. 1469 Van But	ren Road	District 3		
City, zip code	Caswell, MF		Phone 3 2 5 - 4 9 0 5		
	PART 1. INCOME DER	NVED FROM EMPLOYMENT BY AND	<b>OTHER</b>		
List the name and address economic activity of each er	of each employer from who mployer.	m you received compensation of \$1,000 o	r more. Specify the principal type o		
Name of Emp	oloyer	Address	Principal Type of Economic Activity of Employer		
	iko-din almenin-kanasar menanar mejura manar eranga peran orang negasikar pelikuk digunak bisakah digunak bis		and the state of t		
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-тибр (оброзовонной) - «Ит об томосточной подомной подомной советственной советственной советственной советств		H HENNYO MARKANYO MARKANANANANANANY - IS MARKANYO MARKANYO MARKA - ISAN'A - ISAN'A MARKANINANANANANANANANANANANANANANANANANANA	und included an incommon announcement and announcement of a substitution of the substi		
	E-(V)-335/JAAA				
		DERIVED FROM SELF-EMPLOYMEN  clators who are self-employed.)	IT		
A. List the name and addre associated with a partnersh entity.	ess of your business, if any, a	and list the major areas of economic activit ation, or similar business entity, list the ma	ty from which you derived income. It gor areas of economic activity of that		
Name and Addre	ss of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: Address:					
мате:					
Address:					

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-en		NENT Biskled to be the other control of the control of		
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gro	rived such income. If this form of		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:				
Address:	+1/20-12E0-13L			
Name:				
Address:				
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-re				
List your major areas of practice. If associated with a law firm, list the major area	PERSONAL PROGRAMMENT AND REPORT OF THE PROGRAMMENT AND			
Name and Address of Firm	Major Areas of Pract (self)	ice Major Areas of Practice (firm)		
Name:				
Address:		transport in production to the contract of the		
Name:				
Address:		Veroconstruction and the second secon		
PART 4. OTHER SOURCES O	kapina kerestas di arabi birakan			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gift:	s. If none, check the box.		
None	t epidapat ( I familian di alat ( a palatini padini padini padini padini padini padini padini padini padini pad	ometavaisutuvava autovasta vartusiatti vaitavaitti ja ja tuojia ja tuojia ja tuojia ja ja ja ja ja ja ja ja ja		
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name:	do			
Address:	e-destablished			
Name:	- The Control of the			
Address:	Voltandrákve			
	1.5 p. 4.60p.			
PART 5. REPORTABLE LIA	BILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the restrictions is from a relative. If none	eporting period, and list the major e, check the box.		
None				
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	Metimeter			
Address:	Voluments of the Prince			
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Address				

PART 6. RE	PORTABLE GIFTS
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.
PART 7. REPO	RTABLE HONORARIA
List the source of any honoraria accepted for appearances or spec	eches related to your legislative responsibilities. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8, REPRESENTATI	ION BEFORE STATE AGENCIES
List each executive branch agency before which you represented box.	d or assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
1.	3.
	4.
PART 9. BUSINESS	S WITH STATE AGENCIES
	f your immediate family sold goods or services with a value in excess of
\$1,000 during the reporting period. If none, check the box.  None	
Name of Agency	Name of Agency
1.	3.
2.	den de la composition della co
PART 10. INCOME RECEIVED E	BY MEMBERS OF IMMEDIATE FAMILY
	come of \$1,000 or more received by your spouse or domestic partner or ncome represented. If your spouse or domestic partner received \$1,000 ide gifts.
	pe of Economic Activity Lepresenting Source of Relationship Kind of Income Income Received
Name: Priscilla Ayotte 1.	Retail Sales Spouse or 1. Employment
Name: Priscilla Ayotte 1.  Job Title: Cashier/Supervisor 2.  3.	Domestic 2.
3.	3.
	Dependent Child
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Dependent Child
	Dependent Child

any office, trusteeship,	nprofit corporation, firm, association directorship, or position of any natu a family member listed, indicate you	ure. Indicate whether you o	or a family held the p	position and whe	nediate family held ther the position
None		***************************************	<u></u>	**************************************	AMANIFORM AND
Special or nor no or the format of the fact of the fact of the format of the fact of the f	ganization/Business and Address	Title	Position Held By:	Family Member	r's Compensated?
		SIGNATURE			
A Legislator who willfu	ully fails to file a required statem		of up to \$100 (1.1	MPSA 8 101	7 Δ\
The intentional filing o	of a false statement is a Class E tatement, it shall refer its finding	E crime. If the Commiss	sion concludes tha	nt it appears tha	
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	Signature		0 8	ate	
	ADD	ITIONAL INFORMATIO	iN	Breit Spills a rest expective access	
	additional information below (and	d on additional sheets if	needed). Indicat	e the part or se	ction number for
the information you as Part/Section Number	re providing.		ang ter gilak kata se panak panak ang tapa kata dan din din din din din din din din din di		
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Virestory promission					
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PART 11. OFFICER OR DIRECTOR POSITIONS